



Carlson Restaurants Worldwide

July 2, 1998

CERTIFIED MAIL NO. P 893 864 147
RETURN RECEIPT REQUESTED

Tony Buckley, Attorney
Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Re: MUR 4434
T.G.I. Friday's

Dear Mr. Buckley:

Pursuant to your letter dated June 18, 1998 wherein you enclose Questions and Production of Documents, below are responses to same:

1. See the enclosed copy of Itemized Disbursements (Schedule B) for TGI Friday's Participating Active Citizens for 1994 (see item D - Mark Sharpe for Congress). Also enclosed is a copy of the check issued to Mark Sharp for Congress dated 10/26/94 in the amount of \$1,000.00.
2. Based upon information available, no solicitations received by persons employed by TGI Friday's Inc.
3. Roxann K. Pishnick, 7540 LBJ Freeway, Dallas, TX 75251.

Also enclosed is a verification to these responses signed by Ms. Pishnick. I hope this information proves helpful. Please do not hesitate to contact me if we may be of further assistance.

Very truly yours,



SUZANNE PERRY
Litigation Manager

GENC:98-52

Enclosures

7540 LBJ FREEWAY, SUITE 100
DALLAS, TX 75251
(972) 450-5400

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

TGI Friday's Participating Active Citizens

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Sam Johnson Committee 1912 Ave K Plano TX 75074</p>	<p>Purpose of Disbursement</p> <p>Gen Election Contribution</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1095</p>	<p>Date (month, day, year)</p> <p>10-25-94</p>	<p>Amount of Each Disbursement This Period</p> <p>\$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Pete Geren P.O. Box 1136 Fort Worth TX 76101</p>	<p>Purpose of Disbursement</p> <p>Contribution</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1096</p>	<p>Date (month, day, year)</p> <p>10-25-94</p>	<p>Amount of Each Disbursement This Period</p> <p>\$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Voided</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1097</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Mark Shoup for Congress</p>	<p>Purpose of Disbursement</p> <p>Contribution</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1098</p>	<p>Date (month, day, year)</p> <p>10-26-94</p>	<p>Amount of Each Disbursement This Period</p> <p>\$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Voided</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1099</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Jeb Bush for Governor 2821 Coral Way Coral Gables FL 33131</p>	<p>Purpose of Disbursement</p> <p>Contribution</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>11-2-94</p>	<p>Amount of Each Disbursement This Period</p> <p>\$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (optional)

\$3,500.00

TOTAL This Period (last page this line number only)

\$3,500.00

REF. REF. 10000 1 1994

TO THE ORDER OF

Mark Sharp for Congress

DATE **10/26 1994** AMOUNT **\$ 1,000.00**

PAY One Thousand Dollars & 00/Cents

Charles M. Sharp

NON-NEGOTIABLE

PLEASE DETACH BEFORE DEPOSITING

INVOICE	DESCRIPTION OF PAYMENT	AMOUNT	DISCOUNT	NET AMOUNT
10/26 1994	Campaign Contribution	\$1,000.00		

ACCOUNTS PAYABLE FILE

P 893 864 361

Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	
Street & No.	
P.O., State & Zip Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

United States Postal Service

Official Business



PENALTY FOR PRIVATE
USE, \$300

Print your name, address and ZIP Code here

Roxann Piskrich
7540 LBJ Freeway
Dallas TX
75251

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEC 12
FEC
999 ESTE NW.
WASH D.C.
20463

4a. Article Number

P 893 864 361

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, October 1990

★ U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE.
CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.


5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 3 of Form 3811.

6. Save this receipt and present it if you make inquiry.

U.S.G.P.O. 90-270-153

PS Form 3800, June 1990 (Reverse)

[illegible]


ROXANN K. PISHNICK


Dated: July 2, 1998


STATE OF TEXAS)
) ss.
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, personally appeared ROXANN K. P. JINICK who after first being duly sworn, under oath, deposes and says that SHE executed this Verification to responses to Questions and Production of Documents and they are true and correct to the best of HER knowledge and belief.

WITNESS my hand and official seal at DALLAS, TX this 2nd day of

July, 1998

8. 
NOTARY PUBLIC, State of TEXAS
At Large.

 ALECIA WARDELL
MY COMMISSION EXPIRES
March 24, 2001